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**ADDENDUM TO CERTIFICATE OF ACKNOWLEDGEMENT OF SERVICE  
REQUIREMENTS (DA FORM 3540)**  
**FOR ENROLLMENT INTO THE U.S. ARMY RESERVE**  
**SPECIALIZED TRAINING FOR ARMY READINESS (STAR) PROGRAM**

For use of this form, see AR 601-210; the proponent agency is DCS, G-1.

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

<b>Authority</b>	Title 10, United States Code, section 275; Executive Order 9397.
<b>Principal Purpose</b>	Basic form used to record contractual obligations to enlistees, guarantees and annexes enlistment contract.
<b>Routine Uses</b>	This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of the form are internal to the United States Army.
<b>Disclosure</b>	Disclosure of the Social Security Number(SSN) and other personal information is voluntary. However, failure to provide the required information may result in <b>denial of enlistment or reenlistment</b>

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**This form will be completed for all individuals applying for enrollment in the USAR STAR Program and must be firmly attached to each copy of the DA Form 3540.**

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1. ACKNOWLEDGEMENT. I am being accepted for enrollment into the USAR Specialized Training for Army Readiness (STAR) Program, I hereby acknowledge that:

- a. My enrollment into the USAR Specialized Training for Army Readiness (STAR) Program requires that I be accepted by and attend an authorized civilian institution for the purpose of completing training for the award of a military occupational speciality (MOS). I have provided a letter of acceptance, a DD Form 1556, and a cost summary sheet from \_\_\_\_\_ (*Name of Institution*).
- b. I am enrolling for MOS \_\_\_\_\_ (*Enter MOS and title*).
- c. Upon successful completion of the required civilian training, which must be completed within two years, I will be required to attend 4 weeks of active duty proficiency training at a military installation designated by the Army prior to award of the MOS for which I applied.
- d. If applicable, I must successfully complete Basic Combat Training prior to attendance at the institution listed above, if I have not already completed Basic Training for an Armed Force.
- e. I must be a satisfactory participant in the Troop Program Unit (TPU).
- f. I will keep my TPU commander informed of my status in school, and will not drop a course without the approval of my TPU commander.
2. I fully understand that my attendance in a civilian school is not an entitlement or a scholarship but a contractual military training program designed to provide training for the award of a military occupational specialist (MOS). Only courses approved by the Army for my MOS will be paid for by the Army. Any other courses not required by the training program will be taken at my own expense. Costs in excess of \$6,000.00 per year will be billed directly to me. Room and board will not be paid for by the Army. I will not receive full military pay and allowances during civilian school attendance, other than pay for attendance at scheduled unit training assemblies.
3. I also understand that the Army may, as an alternative to providing training at a civilian training facility, provide me with training at a military training center to qualify me for award of an MOS.
4. I further understand that I must meet all academic standards of civilian school and if I fail to complete the required course of instruction due to academic failure or any other reason or through any voluntary or involuntary act, fail to attain qualification for the award of an MOS, that the Army may require me to attend a military training center for training for another MOS as determined by the Army. I will complete the period of TPU service specified in my service agreement, which is \_\_\_\_\_ years, whether or not I successfully complete STAR training.
5. I have read and understand the terms and conditions of this addendum. I understand that all provisions of my DD Form 4, enlistment/extension, to include all annexes and addendums constitute this contract.

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**AUTHENTICATION**

TYPED NAME AND SSN OF APPLICANT	SIGNATURE OF APPLICANT	DATE
TYPED NAME, GRADE AND SSN OF COUNSELOR	SIGNATURE OF GUIDANCE COUNSELOR	DATE

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